



Clark County Parks and Recreation

OFFICIAL ROSTER FLAG FOOTBALL

For Office
Use Only

Initials:

Date Rec'd:

/ /

Date: _____

League: "Top Gun", "A", "Recreational" (*circle one*)

Type: Men's

Team Name: _____

Week Day You Play: (*circle one*) Tuesday PM Saturday Media

Wednesday PM Saturday AM

Season:

Year:

League Site: McCARRAN MARKETPLACE

LIABILITY WAIVER

I expressly understand and agree that neither the Clark County Department of Parks and Recreation; Las Vegas, Nevada; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the Clark County Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

Please provide "complete" information below. Without player's identification & signature, roster will not be accepted.

I have read and fully understand the above statements:

| No. | Name of Player (print or type) | | Signature | Phone No. |
|--------------------------------------|--------------------------------|----------|-----------|-----------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| Manager or Coach:(Please print name) | | Address: | | Work #: |
| | | | | Home #: |
| MANAGER'S OR COACH'S SIGNATURE: | | | | |